

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI
WESTERN DIVISION

JIMMY LAMONT ROBERTS, #129443

PETITIONER

VERSUS

CIVIL ACTION NO. 5:18-cv-00097-DCB-MTP

WILKINSON CORRECTIONAL
CENTER FACILITY

RESPONDENT(S)

ORDER

Upon consideration of the petition for habeas corpus relief filed by the petitioner in the above entitled action, the court notes that the petitioner failed to file the appropriate application to proceed without prepaying fees or costs, or pay the \$5.00 filing fee. Accordingly, it is hereby

ORDERED:

1. That on or before October 9, 2018, petitioner shall complete and file the attached application OR pay the \$5.00 filing fee. If the petitioner or someone on behalf of the petitioner submits the \$5.00 filing fee, there must be a written explanation that the money is being submitted as payment of the filing fee in Civil Action Number 5:18-cv-00097-DCB-MTP on behalf of petitioner, JIMMY LAMONT ROBERTS, #129443.

2. That petitioner is informed that his failure to timely comply with the requirements of this order may lead to the dismissal of the petition.

3. The Clerk shall mail the attached application to the petitioner's last known address.

THIS, the 7th day of September, 2018.

s/ Michael T. Parker
UNITED STATES MAGISTRATE JUDGE

AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

UNITED STATES DISTRICT COURT
for the
District of

_____)
Plaintiff/Petitioner)
 v.)
 _____) **Civil Action No.**
Defendant/Respondent)
 _____)

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. If incarcerated. I am being held

at:

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. If not incarcerated. If I am employed, my employer's name and address are:

My gross pay or wages are: _____ , and my take-home pay or wages are: _____ per
\$ _____
(specify pay period) _____ .

3. Other Income. In the past 12 months, I have received income from the following sources (check all that apply):

- | | | |
|--|------------------------------|-----------------------------|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Rent payments, interest, or dividends | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Disability, or worker's compensation payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Gifts, or inheritances | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Any other sources | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

4. Amount of money that I have in cash or in a checking or savings _____.

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (*describe the property and its approximate value*):

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (*describe and provide the amount of the monthly expense*):

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

8. Any debts or financial obligations (*describe the amounts owed and to whom they are payable*):

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: _____

Applicant's signature

Printed name

Certificate

I hereby certify that the petitioner herein has the sum of \$_____ on account to his credit at the _____ institution where he is confined. I further certify that petitioner likewise has the following securities to his credit according to the records of said _____ institution: _____.

Date

Authorized Officer of Institution